GEORGIAN COURT UNIVERSITY
OFFICE OF THE REGISTRAR
Request for a Medical Leave of Absence

NAME: _____ ID#: 000 - _____

YEAR: _____ TERM: _____ SESSION: _____

Registered classes:

Course ID	Section #	Lec/Lab	Instructor	Day	Time

I wish to request a Medical Leave of Absence for the following reason:

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☐   I have included documentation to support my request

_____   _____
STUDENT SIGNATURE   DATE

_____   _____
ADVISOR/PROGRAM DIRECTOR SIGNATURE   DATE